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CONFIRMATION NO. 8708

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/717,736		702	2863	BO1 - 0019US

APPLICANTS

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** CONTINUING DATA *****

None /TL

** FOREIGN APPLICATIONS *****

None /TL

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IL	4	23	2

ADDRESS

LEE & HAYES, PLLC
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TITLE

Component health assessment for reconfigurable control

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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